

# OFF PREMISE

FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_

OFF PREMISE TIP JARS/PUNCHBOARDS PERMIT # \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Off Premise Location \_\_\_\_\_

List the number of bags purchased in this month \_\_\_\_\_

List the number of bags sold in this month \_\_\_\_\_

Bag Fees indicated on this form are for **ALL BAGS SOLD**, Not bags **BOUGHT**. You must match up the tip jar serial #'s with the invoice from the distributor for bag cost.

FROM THE SALE OF TIP JARS/PUNCHBOARDS, PLEASE INDICATE THE FOLLOWING:  
(THESE FEES ARE TO BE BASED ON THE NUMBER OF BAGS **SOLD** FOR THE MONTH)

1. TOTAL AMOUNT OF MONEY COLLECTED BEFORE PAYOUTS \$ \_\_\_\_\_

2. TOTAL AMOUNT OF MONEY PAID TO WINNERS \$ \_\_\_\_\_

3. NET PROCEEDS (subtract #2 from #1) \$ \_\_\_\_\_

4. BAG FEE COSTS FOR BAGS **SOLD** (not purchased) THIS MONTH \* \$ \_\_\_\_\_

\* The figure shown in #4 should reflect the total cost of the bags.

5. PROCEEDS (Subtract #4 from #3) \$ \_\_\_\_\_

6. EXPENSES (ALLOWABLE REIMBURSEMENT FROM THE ORGANIZATION TO THE OPERATOR.

**CANNOT EXCEED 30% OF LINE #5)**

a. Permit Fee (if paid by operator) \$ \_\_\_\_\_

b. Salary Cost (wages of the person conducting the tip jar or punchboard ) \$ \_\_\_\_\_

c. Report Fee (cost of producing the required monthly reports) \$ \_\_\_\_\_

d. Bag Fees \$ \_\_\_\_\_

(if paid by the operator, with no reimbursement, then it is taken as part of the operators' allowable 30%.)

e. Total Expenses (add a thru d) (can only be 30% of total) \$ \_\_\_\_\_

7. TOTAL FUNDS PAID TO THE ORGANIZATION (subtract #6 from #5) \$ \_\_\_\_\_

Operator's Check # \_\_\_\_\_ Date \_\_\_\_\_

Note: Funds are to be given to the organization, **each month, within 45 days** from the end of the month. **This report is due at the same time.** It is strongly suggested that this be done in the form of a check, not cash.

List name of the distributor(s) where you purchased the TIP JAR/PUNCHBOARD supplies. \_\_\_\_\_

Date received in Permits \_\_\_\_\_

Signature of Approved Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_